Arizona Department of Health Services
Office for Children with Special Health Care Needs
Integrated Services Grant

Health Care Benefits
January 25, 2007
Meeting Minutes

Attendees: Wendy Benz, Laura Henry, Garell Jordan, Mary Beth Joublanc, Cheryl Prescott, Linda Trujillo

MEETING ITEM	SPEAKER	DISCUSSION	ACTION ITEMS
Welcome and Introductions	Wendy Benz	Ms. Benz welcomed committee members and introductions were made around the room.	
Review of 11-16-06 ISG Health Care Benefits Meeting Minutes	Wendy Benz	The 11-16-06 Minutes were accepted by committee consensus.	
Legislative Update	Wendy Benz	**Federal Level** Feds are looking to find funds for Kids Care reauthorization, they Patrick Kennedy introduced legislation to include dental health care as a requirement for all states. Four senators created legislation to have all kids insured in all states. **State level** Arizona's governor proposed in State of the State, to insure children 300% federal poverty level, currently 200%. This would be $60,000 for a family of four. All children covered in Kids Care. Legislative push for school nurses to be RN's in public schools. We are required to start imposing premiums/deductibles on ALTCS Kids. Pending CMS approval of our 1115 waiver.	

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		February 1st the Legislative Awareness Day at the State Capitol sponsored by the Governor's Council on Developmental Disabilities (GCDD).	
Agency Presentation: Building Bridges	Garell Jordan	Schaller-Anderson Medicaid and Medicare health plan manages employers groups such as the State of Arizona. Commercial customers tends to be more complex populations. Managing Healthcare in six different states gives an interesting perspective on how different states provide healthcare for their clients. Most of the focus is on aging, disabled, or other complex populations, that are lacking in states. Garell Jordan from Schaller-Anderson presented a power point presentation titled *Building Bridges: Integrative Solutions for Managing Complex Co-Morbidity conditions*. Information for this presentation was collected during a full day discussion, co-sponsored by Schaller-Anderson. Purpose was to brainstorm solutions for Multi-Morbidity.	
Review four committee goals discussions/ brainstorming	Wendy Benz/All	**Committee Action Plan** 1. Assess adequacy of insurance coverage for children with special health care needs. • The system does not work as it is. • What sources of data that is out there? What we could use? How adequate is the insurance coverage for CYSHCNs? National Survey for Children with Special Health Care Needs, that surveys only 150 children in our state with special healthcare needs. Also, the data is from 2001 and outdated. • Issues that came up were to find accurate data for physically disabled kids. Currently they are not represented in AHCCCS data. • We need to identify and define who are CYSHCN. DD+ALTCS+AzEIP+EPD+RBHA+CRS • AHCCCS availability/sharing data (use HIPAA as reason but not really a barrier?)	• Who are CSHCN-**Cheryl and Laura** • How do these systems define CSHCN- **Laura** • Find Data if there is a real definition-**Garell** • State library free searches/Talk to Bill Johnson- **Mary Beth** • What are the negative outcomes we want to prevent? **Laura** • Start with list and prioritize the issues. (Later) • Come up with antidotal list of known gaps-**Linda and Wendy**

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		• Suggest that agencies are able to share data easier with each other. • ALTCS="payer of last resort" Can we identify kids with private and ALTCS? • Use Health Query at ASU Do they have AHCCCS data? Bill Johnson Money? Have commercial plan data? Data outside of Maricopa County? (ADHS discharge data get ASU Health Query) • AHRQ data HCUP (Healthcare Cost Utilization Project) 2. Evaluate identification of CYSHCN in commercial insurance plans. • 3. Identify coordinated funding of services for CYSHCN. • 4. Evaluate the number of uninsured CYSHCN and make recommendations. •	• Request AHCCCS data for research use
Next Meeting		**Thursday, February 15, 2007 10am-12pm ADHS Bldg.; Room 295B**	

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I received a call from a mom asking about affordable services for her teen who has asthma. The mom said that her teen was incarcerated for a short time, but I gather the incarceration was long enough for her state coverage to cease. Her teen was released and apparently was not medically covered by anyone at time of being released. The mom said her teen then spent a great deal of the weekend in the E.R. because her asthma was out of control.

There is no set AHCCCS policy that ensures that a child being released from a detention setting does not have a gap in coverage. What AHCCCS has done is to set up procedures with specific state and county agencies with the goal of providing seamless coverage to these children. There are procedures in place for ADJC to work with AHCCCS and DES to apply for a child prior to the actual release date so that eligibility can be processed the same day as the release. We also work with some of the County Detention agencies to notify AHCCCS when a child is placed in detention. This allows the detention staff and AHCCCS to monitor the child's inmate status and to be able to retain eligibility or reinstate eligibility in certain circumstances. This allows for m… [1]

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Case Study #1: Health Care Transition from Juvenile Corrections System

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These processes work well when they are used consistently. However, not all of the counties use the notification process, and those that use it, may not be reporting all of the children that are detained. In those cases, the child may lose coverage and have to be added back to the case upon release, or reapply.

Barriers
BH and PH/DD systems (2)
Communication between state agencies
Federal restrictions-application
Time lag for approval? 45days process-apply effective for future date
Parents not aware of transition needs/process

Data Needs
Linda Skinner/Julie Swenson
How pervasive is the problem? Number of kids
ABHS-other efforts how to fix?
Health-e application

Desired Solution/Outcome
Upon release of Juvenile Corrections child has coverage
Transitional care process from Juvenile Corrections or home (standard consistent)
Health-e tool for transition?
“Suspend” Status

Case Study #2: AHCCCS/DD ALTCS Formularies

Our family moved within Arizona, therefore my son with special needs had to change ALTCS providers. He had been on a specific medication (Robinul) for inability to handle his own large amount of saliva. He has been on this medication for at least the past 6-8 years. Our new ALTCS health plan denied coverage, stating this medication not on their formulary. A prior authorization was completed by his primary care physician and the prescription was still denied -- because a specialty doctor, not a PCP, needed to do the prior authorization. Our former ALTCS plan covered this medication without prior authorization. My son has now been without the Robinul for about 3 weeks. He is choking often and frequently is being sent home from school due to choking on his saliva, then vomiting. Why isn't there a standard formulary for all AHCCCS/ALTCS plans, so families and children do not have these problems. Or, at the very least, why isn't the new ALTCS plan required to cover medication during a transition until you have time to establish new doctors? I was told that I need to file a grievance to do anything else. This is also happening to my daughter as well -- her nutritional supplements that were covered by her former ALTCS plan are now being denied by the new plan.

Barriers
Different Formularies among health plans (AHCCCS)
Reorganized designated representatives at AHCCS for DD/ALTCS
Transition of care
Parents need information about transition process
System/interagency communication

Data Needs
Why AHCCCS allows policy
Transition of care policy (90 days)-training"

Desired Solution/Outcome
Standard formularies
Transition notification and process in timely way with everyone trained
Identified people to go to
Parents education on issues-manual for health plans (ALTCS, DD)

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Case Study #3: Transition to KidsCare/AHCCCS

Mom called -- she has a 16 year-old daughter with asthma and scoliosis. Mom changed jobs and new employer's health plan refuses to cover daughter because of a pre-existing condition (scoliosis). Her salary level makes her daughter eligible for KidsCare. But, there's a AHCCCS requirement that there be a six-month gap without insurance before the child can be eligible. Mom is concerned that, since daughter is learning to drive, that lack of insurance is a bad idea. What are her options?

Barriers
Money for health care availability

"Go bare"- 3 months
Parent information/advocacy should be happening
Eligibility staff training regarding "go bare" paid exceptions
Cost of private insurance

Data Needs
211/Health-e application: alternate insurance
Kids Care-if denied by private what's "go bare" policy regarding transition?
Preexisting conditions/ denial regarding HIPAA?
Parent to talk to eligibility people at Kids Care and AHCCCS
ID agency people regarding specific "go bare"

Desired Solution/Outcome
Exception/contract for "go bare" paid
Wrap-around Medicaid buy-in
Parent advocate and training by RSK/F2F, etc

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Case Study #4: ALTCS Eligibility Determination Process

Family moved to AZ from a neighboring state. Teen has Down syndrome, and had received long term care services from former state including attendant care and respite. Now, mom is applying for ALTCS services. She submitted documents from former state DD dept. and diagnosis of Down syndrome from child's physician. DDD is now holding the application, requiring a "current psychological evaluation" before allowing the application to proceed to AHCCCS for functional eligibility determination via the in-home visit and PAS. Cost for a psychological evaluation is $500 (cost prohibitive for family). PCP's referral to RBHA for a psychological eval declined by plan -- no behavioral health issues. Teen graduated from high school in former state, so LEA in AZ declined to do evaluation.

Barriers
DDD requirement- "current psychological evaluation"?
Burden of proof for diagnosis
Lack of interstate transition process
DDD + AHCCCS →ALTCS (with four diagnosis)
Pervasiveness

Data Needs
Arizona, DDD why four Diagnosis?
Why "current psychological evaluation"?
What is current?
Presumptive eligibility (Linda Skinner) for Medicaid?

Desired Solution/Outcome
Lessen "Burden of proof" for diagnosis so that child evaluated LTC?
Remove current psych evaluation

Exceptions